

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 14, 2002.

I. DISPUTE

1. Whether there should be reimbursement for CPT codes 99213, 22630, 63030, 22842, 22899, and 20900 for dates of service August 13, 2001 through August 31, 2001.

II. RATIONALE

The TWCC-62 submitted to the health care provider denied the disputed services for E and R – Entitlement to Benefits and Extent of Injury. On March 14, 2001 a Benefit Review Conference was held in which both parties agreed that the claimant's compensable injured extends to include the right knee, low back, right elbow, cervical strain/sprain, and a concussion; the compensable injury does not include the right ankle, right wrist, and psychological problems. Since there were no other denial codes listed on the TWCC-62 the disputed dates of service will be reviewed according to the 1996 Medical Fee Guideline, the Act and Rules.

- CPT Code 99213 for date of service August 13, 2001. Per the 1996 Medical Fee Guideline, Evaluation & Management, (IV)(C)(2) and CPT descriptor, the requestor did not provide office notes supporting the services were rendered as billed. Reimbursement is not recommended.
- CPT Code 22630 for date of service August 31, 2001. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(2)(a) and the 1994 Global Service Data for Orthopedic Surgery (GSDOS) the requestor has submitted the operative report supporting services were rendered as billed. Reimbursement in the amount of \$3,300.00 is recommended.
- CPT Code 63030 for date of service August 31, 2001. Per the 1994 GSDOS (page 325), the requestor has submitted the operative report supporting services were rendered as billed. Reimbursement in the amount of \$3,035.00 is recommended.
- CPT Code 22842 for date of service August 31, 2001. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(2), this code is a starred procedure and already reduced accordingly in the fee guideline and shall not be further reduced as per the multiple procedure ruling. The requestor has submitted the operative report supporting services were rendered as billed. Reimbursement in the amount of \$3,400.00 is recommended.

- CPT Code 22899 for date of service August 31, 2001. Per the 1996 Medical Fee Guideline CPT descriptor this code is listed as an unlisted procedure of the spine and considered a DOP code. The requestor has submitted the operative report supporting the installation of the Brantigan cage. Reimbursement in the amount of \$4,200.00 is recommended.
- CPT Code 20900 for date of service August 31, 2001. Per the 1994 Global Service Data for Orthopedic Surgery (page 13) listed code is for a bone graft, any donor area; minor or small. Per the 1994 GSDOS (page 325), "The global service package for this procedure would also include, when indicated, the following: 12. harvesting or placement of fat graft..." The operative report submitted by the requestor does not document CPT code 20900 as identified in the 1994 GSDOS as bone graft; therefore, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for CPT code(s) in the amount of \$13,935.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$13,935.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 28th day of August 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/mf